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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

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|--|----------------------|------------------------|-------|
| TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i> | Application Number | 10/660,719 | |
| | Filing Date | 09/11/2003 | |
| | First Named Inventor | Phillip A. Sollami | |
| | Group Art Unit | 1215 | |
| | Examiner Name | | |
| Total Number of Pages in This Submission | 2 | Attorney Docket Number | M118A |

ENCLOSURES (check all that apply)

| | | |
|--|---|---|
| <input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ | <input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input checked="" type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below): |
| Remarks | | |

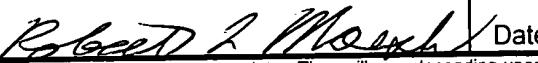
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

| | | | |
|-------------------------|---|--|--|
| Firm or Individual name | Robert L. Marsh | | |
| Signature |  | | |
| Date | 03/07/2005 | | |

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date:

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| Typed or printed name | Robert L. Marsh | | |
| Signature |  | Date | 03/07/2005 |

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of : Phillip A. Sollami
Serial No. : 10/660,719
Filed on : September 11, 2003
For : Drill Bit and Blade
Examiner :
Group :
Attorney Docket No. : M118A



STATUS LETTER

Hon. Commissioner of
Patents and Trademarks
Washington, DC 20231

Sir:

If any additional charges or fees must be paid in connection with this communication, they may be paid out of our deposit account no. 50-0783.

Applicant filed the above-identified application on September 11, 2003. A filing receipt was received from the Patent Office. The applicant wishes to know when the Patent Office will examine this application.

The applicant requests that the Patent Office check on this application and provide the applicant with a projected date for a first Office Action.

Respectfully submitted,

A handwritten signature in black ink that reads "Robert L. Marsh".

Robert L. Marsh
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RLM:ksc